# Icon Medical Solutions, Inc.

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Notice of Independent Review Decision

**DATE:** April 16, 2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Lumbar Epidural Steroid Injection

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
The reviewer is certified by the American Board of Anesthesiology with secondary practice in Pain Management with over 40 years of experience.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**
The claimant is a male who injured his low back during a motor vehicle accident while working on xx/xx/xx.

06/17/13: The claimant was evaluated. It was noted that he was issued, educated, and trained on self-care and a home exercise program to aid in clinical progression and achievement of functional goals along with therapeutic interventions. His impairments remaining were listed as lumbar range of motion/mobility, pain, and lower extremity strength. Functional remaining deficits were listed as standing, walking, bending, squatting, lifting, pushing/pulling, and climbing.

06/26/13: MRI Lumbar Spine reported No acute fractures or destructive lesions. At L5-S1, there is moderate disc degeneration, grade 1 spondylolisthesis with

bilateral spondylolysis. There is 3 mm diffuse posterior spondylitic pseudo bulge without focal thecal sac or nerve root encroachment.

06/28/13: The claimant was evaluated. It was noted that he had a car accident and stated that he did not feel anything at first, but he later started to feel tingling on his left side of his hip and mid and lower back. The pain in his left hip was 5/10 and mid and lower back was 7/10. On physical exam, lumbar range of motion in flexion and extension "remained the same." Bilateral rotation was normal. There was muscle spasm along the paraspinal muscles. DTRs were normal. Sensation was normal. Strength was normal. Range of motion returned to normal in the left hip with full range of motion. Lumbar spine x-rays were negative for fracture or dislocation. Left hip x-rays were negative for fracture. Diagnosis was bilateral lumbar sprain. recommended continued physical therapy, ultrasound, and referral for ESI. His work status was restricted duty.

07/05/13: The claimant was evaluated. He reported 3/10 left low back pain. He stated, "I have constant pain. The medication helps me out for a few hours but the pain does not go away." He was able to complete ther-ex with frequent rest breaks secondary to fatigue and complaint of increased low back pain with slow transition between the activities this date. He was to continue therapy.

07/19/13: The claimant was evaluated. He complained of being able to stand, sit, or walk for less than 30 minutes. His pain level was 0-3/10. His pain level at its worst was 7/10 and 0-3/10 at its best. It was characterized as constant aching and throbbing. Therapy and medication were noted to make the pain better. He complained of low back pain radiating into the left lower extremity. Treatments included multiple sessions of physical therapy with minimal or no help. On exam, heel and toe walking were poor. DTRs were "diminished" in the lower extremities. SLR positive bilaterally. Sensory deficit in the left L5-S1 dermatome. He was diagnosed with lumbar strain, lumbar HNP, and lumbar radiculopathy. A lumbar ESI at L5-S1 on the left x 1 was requested. It was noted that criteria for neurological deficits, imaging consistency, and clinical findings were met. It was noted that the patient communicated a willingness of anesthesia during the procedure. He expressed a mental and/or a psychological impediment to not having a degree of relaxation medication whilst this procedure is being performed. "Per American Society of Anesthesiologist 2011 Guidelines is a candidate for MAC."

08/14/13: The claimant was evaluated. It was noted that epidural was not approved and he was there for an appeal. "No significant changes in the physical exam since the last office visit." A request was made for lumbar ESI at left L5-S1.

08/30/13: The claimant was evaluated. "No significant changes in the review of systems since most recent visit. No significant changes in the physical exam since the last office visit." Again, request was made for lumbar ESI at left L5-S1 noting that "criteria for neurologic deficits, imaging consistency, and clinical findings are met."

09/13/13: The claimant was evaluated with complaint of low back pain radiating into the left lower extremity. No changes in physical exam since the last office visit.

10/02/13: The claimant was evaluated. PROCEDURES: Lumbar Epidural Steroid Injection L5-S1. Lumbar epidural steroid injection was performed with 80 mg Kenalog and 5-10 cc normal saline preservative free. No complications were noted.

10/18/13: The claimant was evaluated. It was noted that he had improvement in overall pain by half after the procedure. No significant changes in the physical exam since the last office visit.

11/22/13: The claimant was evaluated. It was noted that he had improvement in overall pain by less than half after the procedure (lumbar epidural steroid injection). Objective exam: Facet pain on spine rotation/extension/flexion and palpation. Pain in the lumbar facets bilaterally at L5-S1. Plan lumbar facet block at L5-S1 bilaterally x 1. If successful, RFA.

12/13/13: The claimant was evaluated. It was noted that therapeutic ESI denied. No significant changes in the physical exam since the last office visit. "Appeal ESI per ODG, therapeutic ESI requested. Criteria for 6-8 weeks benefit of 50% or greater relief neurologic deficits, imaging consistency and clinical signs are consistent."

01/10/14: It was noted that appeal was pending for therapeutic injection. There were no changes in exam since last visit. The diagnosis was lumbar facet/disc pain, lumbar radiculopathy, lumbar HNP, and lumbar strain.

01/17/14: UR. RATIONALE: The history and documentation do not objectively support the request for a repeat lumbar ESI at this time. The ODG state criteria for the use of epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The level that was injected in October 2013 has not been identified and objective evidence of clinical improvement from the ESI in 10/13 has not been submitted. There is no evidence of radiating pain that is consistent with radiculopathy at a specific level on physical exam and no EMG demonstrating radiculopathy has been reported. No focal neurologic deficits consistent with radiculopathy have been documented. The MRI of the lumbar spine does not demonstrate nerve root compression at any levels. It is not clear whether the claimant has exhausted all other reasonable treatment for his symptoms or whether he has been involved in an ongoing rehab program to be continued in conjunction with injection therapy. would not identify which level has been injected or which level is to be injected now. The medical necessity of this request has not been clearly demonstrated.

02/07/14: The claimant was evaluated. No changes in the review of systems since the most recent visit. Exam only noted "awake, oriented times three, in no acute distress. Normocephalic, atraumatic." Diagnosis: lumbar facet/disc pain, lumbar radiculopathy, lumbar HNP, lumbar strain. He was to follow up as needed for reevaluation.

02/14/14: UR. RATIONALE: ODG criteria #1 is not met. The patient has no objectively identifiable lumbar lesion that is neurocompressive and reasonably amenable to treatment with a LESI. In addition, this provider performed a LESI on 10/02/13. Office notes after this procedure document the same pain levels as before (pain is 0-13 at best, 4-6 now, and 7-9 at worst). This request is denied due to the fact that ODG criteria #1 is not met. Peer to Peer was successful, I spoke with and the case was discussed. Recommendations remain adverse.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**
The previous adverse decisions are upheld. The MRI Lumbar Spine report on 06/26/13 demonstrated no focal thecal sac or nerve root impingement. There does not appear to be an indication for a LESI, considering the above MRI report. Secondly, one LESI was performed, and the claimant had less than 50% pain relief following six weeks after the injection (October 3, 2013 – November 22, 2013). Both of these are indications that the ODG criteria are not met. Additionally, there is insufficient documentation to evaluate the physical examinations, no EMG/NCV studies, and the above MRI is not conducive for long-lasting good results after a LESI. Therefore, the request for Lumbar Epidural Steroid Injection is not medically necessary and is non-certified.

ODG:

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| Epidural steroid injections (ESIs), therapeutic | **Criteria for the use of Epidural steroid injections:**<br>*Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.*<br>(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.<br>(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).<br>(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.<br>(4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.<br>(5) No more than two nerve root levels should be injected using transforaminal |

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| | blocks.<br>(6) No more than one interlaminar level should be injected at one session.<br>(7) *Therapeutic phase:* If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)<br>(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.<br>(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.<br>(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.<br>(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.) |

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**